

No. W 76556		Due no later than Aug 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NATURAL HERBS AND SUPPLIES, LLC JAMES E CLIMER 927 S 1950 W SPRINGFIELD ID 83299 USA		JAMES E CLIMER 927 S 1950 W SPRINGFIELD ID 83299	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	WILLIAM JT CLIMER	6241 DOGWOOD RD SE	PORT ORCHARD,	WA	USA 98367
5. Organized Under the Laws of: ID W 76556		6. Annual Report must be signed.* Signature: James E. Climer Name (type or print): James E. Climer Date: 08/30/2009 Title: Ceo/owner			
Processed 08/30/2009		* Electronically provided signatures are accepted as original signatures.			